



Lawrence Berkeley National Laboratory
Office of the Chief Financial Officer
One Cyclotron Road, MS: 937-200
Berkeley, CA 94720

Create/Update Vendor Form

Type of maintenance to be done (Check ONE):

☐ Create Vendor OR ☐ Update Vendor Information (Vendor Number: _____)

Vendor Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

☎ Telephone #: (XXX) XXX-XXXX

☎ Fax #: (XXX) XXX-XXXX

Taxpayer Identification Number (TIN):

Social Security Number: XXX-XX-XXXX OR

Employer Identification Number: XX-XXXXXXX

Type of Business (Check ONE):

☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other _____

Business Classification (Check ONE):

<input type="checkbox"/> Small Business (SB)	<input type="checkbox"/> Federal Agency (FE)	<input type="checkbox"/> Non-Profit (NP)
<input type="checkbox"/> Large Business (LB)	<input type="checkbox"/> DOE Contractor (DO)	<input type="checkbox"/> Foreign Contractor (FO)
<input type="checkbox"/> Education (ED)	<input type="checkbox"/> State & Local Gov (SL)	<input type="checkbox"/> University of California (UC)

Business Status (Check ALL that apply):

<input type="checkbox"/> Disadvantaged Business	<input type="checkbox"/> Veteran-Owned Small Business
<input type="checkbox"/> Women-owned Business	<input type="checkbox"/> Service-Disabled Veteran-Owned Small Business
<input type="checkbox"/> HUBZone Small Business	<input type="checkbox"/> California Disabled Veteran
<input type="checkbox"/> 8a Small Business	

Vendor Payment Terms (Please select one):

<input type="checkbox"/> 1/2% 10 Days, Net 30	<input type="checkbox"/> 1% 10 Days, Net 30	<input type="checkbox"/> 1% 30 Days, Net 30
<input type="checkbox"/> 2% 10 Days Net 30	<input type="checkbox"/> 2% 20 Days Net 30	<input type="checkbox"/> Net 10 Days
<input type="checkbox"/> Net 15 Days	<input type="checkbox"/> Net 20 Days	<input type="checkbox"/> Net 30 Days

Shipping Information:

Freight Terms: DEST LBLPD _____

Ship Via: FedEx 2nd Day Air

Identification Numbers (Optional):

NAICS Code: _____

Dun & Bradstreet: _____

Vendor Web Address: _____

Customer # vendor assigned to LBNL: _____

Vendor Contact

Name: _____

Title: _____

Email ID: _____